

CHANGE OF PERSONNEL FOR MESSAGE THERAPY ESTABLISHMENTS

Access this form via website at: www.hawaii.gov/dcca/pvl

Dept. of Commerce & Consumer Affairs
Board of Massage Therapy
335 Merchant St., Room 301
P. O. Box 3469
Honolulu, HI 96801
Phone: (808) 586-3000

Use this form to report:

Section 1 – **Licensed** massage therapist **employed or terminated** by, or associated with the establishment.

Section 2 – **All changes, additions or terminations** of your Principal Massage Therapist. (Section 16-84-11, Hawaii Administrative Rules).

• **Failure to provide all the requested information will delay the processing of your changes.**

MESSAGE ESTABLISHMENT	Name of Massage Therapy Establishment	Address of Establishment (Not mailing)	Establishment License No.
	Trade Name/dba (doing business as), if any		MAE - Phone No.

* Complete this section only if you are reporting massage therapist changes:
(DO NOT LIST YOUR "PRINCIPAL THERAPIST" HERE)

Section 1: MESSAGE THERAPIST	Name of Licensed Massage Therapist	License No.	License Expiration Date	Date Employed or Associated	Date Terminated

* Complete this section only if you are reporting "PRINCIPAL THERAPIST" changes:

Section 2: PRINCIPAL THERAPIST	Name of Principal Therapist	License No.	License Expiration Date	Date Employed or Associated	Date Terminated

The Massage laws and rules are available on our website at: www.hawaii.gov/dcca/pvl. Look under "Massage Therapist".

Date: _____

Signature of Principal Massage Therapist

Print Name
of Principal _____

License

Number MAT -

Phone _____

(FORM MAY BE DUPLICATED)